



DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
CHILDREN'S ADMINISTRATION

**NOTICE TO FEDERALLY RECOGNIZED INDIAN TRIBE,  
BAND OR NATION**

TO: (INDIAN TRIBE, BAND OR NATION)			DATE:
ADDRESS: (BOX OR STREET NUMBER)			DSHS CASE NUMBER:
CITY:	STATE:	ZIP CODE:	LEGAL FILE NUMBER:
<b>IN THE INTEREST OF:</b>			
AN INDIAN CHILD:			
<p>Pursuant to the Indian Child Welfare Act of 1978, 25 U.S.C. 1901 et seq., and state law, if you are a federally recognized Indian Tribe, Band or Nation and the above named child is (a) a member of your Tribe or (b) eligible for Tribal membership you have specific rights which are described below.</p>			
<p><b>1. YOU ARE HEREBY NOTIFIED THAT THE FOLLOWING LEGAL ACTION IS PENDING FOR THE ABOVE NAMED INDIAN CHILD (RCW's can be located at <a href="http://www.leg.wa.gov/ws/adm/rcw.htm">www.leg.wa.gov/ws/adm/rcw.htm</a>):</b></p> <p><input type="checkbox"/> Validation of parental consent to foster care (Chapter 13.34 RCW)</p> <p><input type="checkbox"/> Dependency (Chapter 13.34 RCW)</p> <p><input type="checkbox"/> Guardianship (Chapter 13.34 RCW)</p> <p><input type="checkbox"/> Involuntary termination of parental rights (Chapter 13.34 RCW)</p> <p><input type="checkbox"/> Voluntary relinquishment of parental rights (Chapter 26.33 RCW)</p> <p><input type="checkbox"/> Termination of parental rights (Chapter 26.33 RCW)</p> <p><input type="checkbox"/> Adoption (Chapter 26.33 RCW)</p> <p><input type="checkbox"/> CHINS (Child in Need of Services)</p> <p><input type="checkbox"/> ARY (At Risk Youth)</p> <p><input type="checkbox"/> Other: _____</p>			
<p><b>2. INFORMATION ABOUT THE HEARING:</b></p> <p><input type="checkbox"/> Validation of consent to foster care placement</p> <p><input type="checkbox"/> Shelter care hearing</p> <p><input type="checkbox"/> Fact finding or hearing on the petition. <u>A COPY OF THE PETITION IS ATTACHED.</u> A written response to the Petition is not required.</p> <p><input type="checkbox"/> CHINS (Child in Need of Services)</p> <p><input type="checkbox"/> ARY (At Risk Youth)</p> <p><input type="checkbox"/> Dependency disposition</p> <p><input type="checkbox"/> Dependency review</p> <p><input type="checkbox"/> Permanency planning</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Other: _____</p>			
DATE OF HEARING:	TIME OF HEARING:	LOCATION OF COURT:	
MAILING ADDRESS OF COURT:			
TELEPHONE NUMBER OF COURT:			
NAME OF JUDGE (IF KNOWN):			
<b>Copies of any hearing notice entered by the court are attached.</b>			

Distribution: Indian Child's Tribe, Service File, Court File, Indian Child's Parent(s)

**3. THE LEGAL ACTION MAY RESULT IN:**

- ☐ Dependency
- ☐ New
- ☐ Ongoing
- ☐ Guardianship
- ☐ Foster Care or other out of home placement
- ☐ Permanent loss of parental rights
- ☐ Adoption
- ☐ Other: \_\_\_\_\_

**4. INFORMATION ABOUT THE CHILD AND HIS/HER PARENT(S):**

CHILD'S FULL NAME:		CHILD'S BIRTH DATE:	
CHILD'S ADDRESS:	CITY:	STATE:	ZIP CODE:
TRIBAL AFFILIATION OF CHILD:			
MOTHER'S FULL NAME (including maiden name):		MOTHER'S BIRTH DATE:	
MOTHER'S ADDRESS:	CITY:	STATE:	ZIP CODE:
MOTHER'S TRIBAL AFFILIATION:			
FATHER'S FULL NAME:		FATHER'S BIRTH DATE:	
FATHER'S ADDRESS:	CITY:	STATE:	ZIP CODE:
FATHER'S TRIBAL AFFILIATION:			
ALLEGED FATHER'S FULL NAME:		ALLEGED FATHER'S BIRTH DATE:	
ALLEGED FATHER'S ADDRESS:	CITY:	STATE:	ZIP CODE:
TRIBAL AFFILIATION OF ALLEGED FATHER :			

**5. ADVICE OF THE TRIBE'S RIGHTS:**

- 5.1 If your Tribe has court jurisdiction over this child or family, you may have exclusive jurisdiction. Please contact the social worker listed below to make proper arrangements.
- 5.2 There is reason to believe that the child is (a) a member of your Tribe or (b) eligible for Tribal membership. Upon request, this agency will furnish case record material, reports or other documents that formed the basis for the decision to petition the court, as well as all reports and other documents that this agency intends to provide the court in support of the petition.
- 5.3 You have the right to examine and receive copies of such other documents that may assist the Tribe in deciding whether to petition for transfer of jurisdiction to the Tribe and/or intervene in the State Court proceeding.
- 5.4 The child's Indian Tribe has the right to intervene at any point in the court proceedings. If you wish to use this right of intervention and desire additional time to prepare, the scheduled court hearing can and will be delayed up to twenty (20) days upon your request if the proceeding involves dependency, guardianship, or termination of parental rights. The most effective way to intervene and/or request a continuance is to fill out the attached Notice of Intervention and Request for Continuance (DSHS 09-542) and return it as soon as possible to the Court address listed on this notice. The Tribe may also intervene by personally appearing at the next scheduled hearing or by sending a written request for continuance and/or notice of intervention to the Court.

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5.5 You have the right to petition the Court to transfer the proceeding to the jurisdiction of the Tribe. If you wish to request a transfer, please file a transfer petition as soon as possible after receiving notice. Unnecessary delay may result in denial of the request for transfer. To request a transfer of jurisdiction, you may fill out the Motion and Order to Transfer Jurisdiction to Tribal Court (DSHS 09-547) and return it as soon as possible to the court address indicated on this notice. The Tribe may also request transfer of jurisdiction at the next scheduled court hearing or by sending a written request for transfer to the Superior Court.

5.6 You may wish to contact another Tribe or off-reservation Indian organization for referral, consultation and/or possible intervention.

**To locate the nearest Tribe or Indian organization consult the Indian Child Welfare Program Manager at (360) 902-7982, Children's Administration, Division of Program and Policy Development, PO BOX 45710, Olympia, WA. 98504-5710.**

**Please keep the information contained in this Notice Confidential**

NAME OF SOCIAL WORKER:

AGENCY ADDRESS:

CITY:

STATE:

ZIP CODE:

SOCIAL WORKER'S TELEPHONE NUMBER:

SOCIAL WORKER'S FAX NUMBER:

ASSISTANT ATTORNEY GENERAL/PROSECUTING ATTORNEY ASSIGNED TO THE CASE (if known):

ASSISTANT ATTORNEY GENERAL/PROSECUTING ATTORNEY'S TELEPHONE NUMBER:

ASSISTANT ATTORNEY GENERAL/PROSECUTING ATTORNEY'S FAX NUMBER:

If the above hearing is a fact finding, or hearing on the petition, attach a copy of the petition. **Send to the Tribe by registered mail, return receipt requested, and marked Confidential.**

The following forms are attached:

1. DSHS 09-542, Notice of Intervention and Request for Continuance.
2. Any court orders.
3. DSHS 04-220, Family Ancestry Chart.
4. Petition
5. DSHS 15-209, Individual Service and Safety Plan (ISSP)
6. DSHS 09-547, Motion and Order to Transfer Jurisdiction to Tribal Court
7. DSHS 09-548, Motion and Order For the Tribal Court to Accept Jurisdiction under 25USC1911(b)

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